

SERFF Tracking Number: LMBR-125420999 State: Arkansas
Filing Company: Lumbermen's Underwriting Alliance State Tracking Number: EFT \$25
Company Tracking Number: 2008-04-WC-F
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation and Employers Liability
Project Name/Number: Adoption of NCCI Item Filing P-1405 Terrorism Endorsements/2008-04-WC-F

Filing at a Glance

Company: Lumbermen's Underwriting Alliance

Product Name: Workers Compensation and Employers Liability SERFF Tr Num: LMBR-125420999 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: 2008-04-WC-F

State Status: Fees verified and received

Filing Type: Form

Co Status: Pending

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Donna Bauman

Disposition Date: 01/09/2008

Date Submitted: 01/08/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adoption of NCCI Item Filing P-1405 Terrorism Endorsements

Status of Filing in Domicile: Not Filed

Project Number: 2008-04-WC-F

Domicile Status Comments:

Reference Organization: NCCI, Inc.

Reference Number: P-1405

Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-10 of 2007

Filing Status Changed: 01/09/2008

State Status Changed: 01/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Lumbermen's Underwriting Alliance is a subscriber of the National Council on Compensation Insurance, Inc., and we follow NCCI for advisory loss costs, rules, rating plans, forms, and statistical reporting for Workers Compensation and Employers Liability.

We are filing to adopt NCCI's Item Filing P-1405 regarding the Domestic Terrorism, Earthquakes, and Catastrophic

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Industrial Accidents Premium Endorsement WC 00 04 21 B, and Terrorism Risk Insurance Program Reauthorization Act Endorsement WC 00 01 13 A, as set forth in NCCI circular CIF-2007-10. We request an effective date for all policies effective on and after January 1, 2008.

Your consideration is greatly appreciated.

Company and Contact

Filing Contact Information

Donna Bauman, Donna.Bauman@ins-lua.com
 1905 N.W. Corporate Blvd. (561) 994-1900 [Phone]
 Boca Raton, FL 33431-7303 (561) 988-8297[FAX]

Filing Company Information

Lumbermen's Underwriting Alliance CoCode: 23108 State of Domicile: Missouri
 1905 N.W. Corporate Blvd. Group Code: Company Type: Commercial
 Property and Casualty
 Boca Raton, FL 33431-7303 Group Name: State ID Number:
 (561) 994-1900 ext. [Phone] FEIN Number: 43-0799570

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lumbermen's Underwriting Alliance	\$25.00	01/08/2008	17396626

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/09/2008	01/09/2008

SERFF Tracking Number: LMBR-125420999 *State:* Arkansas
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Disposition

Disposition Date: 01/09/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	Approved	Yes
Form	Terrorism Risk Insurance Program Reauthorization Act Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B		Endorsement/Amendment/Conditions	Replaced Form #:0.00 WC 00 04 21 A Previous Filing #:		
Approved	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A		Endorsement/Amendment/Conditions	Replaced Form #:0.00 WC 00 01 13 Previous Filing #:		

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/09/2008

Comments:

P&C transmittal attached.

Attachment:

industry_rates_PCtransDoc_intelligent.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 01/09/2008

Comments:

Cover letter attached.

Attachment:

2008-04-WC-F.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

LUMBERMEN'S UNDERWRITING ALLIANCE

A RECIPROCAL INTER-INSURANCE EXCHANGE
A MEMBER COMPANY OF THE LYNN INSURANCE GROUP
HOME OFFICE • BOCA RATON, FLORIDA

1905 N.W. CORPORATE BOULEVARD, BOCA RATON, FLORIDA 33431-7303
TELEPHONE (561) 994-1900 • FAX (561) 994-8362



January 8, 2008

Honorable Julie Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

**Re: Lumbermen's Underwriting Alliance
Workers Compensation and Employers Liability
Adoption of NCCI Item Filing P-1405 Terrorism Endorsements
Filing No: 2008-04-WC-F
NAIC No. 00023108
FEIN No. 43-0799570**

Dear Commissioner Bowman:

Lumbermen's Underwriting Alliance is a subscriber of the National Council on Compensation Insurance, Inc., and we follow NCCI for advisory loss costs, rules, rating plans, forms, and statistical reporting for Workers Compensation and Employers Liability.

We are filing to adopt NCCI's Item Filing P-1405 regarding the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement WC 00 04 21 B, and Terrorism Risk Insurance Program Reauthorization Act Endorsement WC 00 01 13 A, as set forth in NCCI circular CIF-2007-10. We request an effective date for all policies effective on and after January 1, 2008.

Your consideration is greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads 'Donna Bauman'.

Donna Bauman
Property and Casualty Filing Analyst
Governmental Affairs
donna.bauman@ins-lua.com
(800) 327-0630 x291